

**Department of Public Health and Social Services  
Division of Environmental Health  
Food Establishment Inspection Report**

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|                    |     |      |        |                     |  |
|--------------------|-----|------|--------|---------------------|--|
| INSPECTION         | RSN | TYPE | GRADE  | INSPECTION DATE     | ESTABLISHMENT NAME                                     |
| Regular            | ✓   | ✓    | 8      | 9/26/17             | BASIL FOOD SERVICE                                     |
| Follow-up          |     |      |        | TIME IN             | TIME OUT   |
| Complaint          |     |      | RATING | 7:00am              | 10:30am  |
| Investigation      |     |      | A      | SANITARY PERMIT NO. | LOCATION (Address)                                     |
| Other:             |     |      |        | 170001742           | LOT 1454-1-2 NEW/239-7-1<br>WEST O'BRIEN DRIVE HAGATNA |
| ESTABLISHMENT TYPE |     |      | AREA   | TELEPHONE           | No. of Risk Factor/Intervention Violations             |
| CATERING           |     |      | 8      | 475-6888            | 1  |
|                    |     |      |        |                     | No. of Repeat Risk Factor/Intervention Violations      |
|                    |     |      |        |                     | 0  |
| RISK CATEGORY      |     |      |        |                     |  |
| 4                  |     |      |        |                     |  |

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

| Compliance Status   |    |     | COS | R   | PTS |
|---|----|-----|-----|-----|-----|
| <b>Supervision</b>  |    |     |     |     |     |
| 1   | IN | OUT |     |     | 6   |
| Person in charge present, demonstrates knowledge, and performance duties                    |    |     |     |     |     |
| <b>Employee Health</b>  |    |     |     |     |     |
| 2   | IN | OUT |     |     | 6   |
| Management awareness, policy present  |    |     |     |     |     |
| 3   | IN | OUT |     |     | 6   |
| Proper use of reporting, restriction & exclusion  |    |     |     |     |     |
| <b>Good Hygienic Practices</b>  |    |     |     |     |     |
| 4   | IN | OUT | N/A | N/O | 6   |
| Proper eating, tasting, drinking, betelnut, or tobacco use                                  |    |     |     |     |     |
| 5   | IN | OUT | N/A | N/O | 6   |
| No discharge from eyes, nose, and mouth   |    |     |     |     |     |
| <b>Preventing Contamination by Hands</b>  |    |     |     |     |     |
| 6   | IN | OUT | N/A | N/O | 6   |
| Hands clean and properly washed   |    |     |     |     |     |
| 7   | IN | OUT | N/A | N/O | 6   |
| No bare hand contact with ready-to-eat foods or approved alternate method properly followed |    |     |     |     |     |
| 8   | IN | OUT |     |     | 6   |
| Adequate handwashing facilities supplied & accessible                                       |    |     |     |     |     |
| <b>Approved Source</b>  |    |     |     |     |     |
| 9   | IN | OUT |     |     | 6   |
| Food obtained from approved source  |    |     |     |     |     |
| 10  | IN | OUT | N/A | N/O | 6   |
| Food received at proper temperature   |    |     |     |     |     |
| 11  | IN | OUT |     |     | 6   |
| Food in good condition, safe, and unadulterated   |    |     |     |     |     |
| 12  | IN | OUT | N/A | N/O | 6   |
| Required records available: shellstock tags, parasite destruction                           |    |     |     |     |     |
| <b>Protection from Contamination</b>  |    |     |     |     |     |
| 13  | IN | OUT | N/A |     | 6   |
| Food separated and protected  |    |     |     |     |     |
| 14  | IN | OUT | N/A |     | 6   |
| Food contact surfaces: cleaned & sanitized  |    |     |     |     |     |
| 15  | IN | OUT |     |     | 6   |
| Proper disposition of returned, previously served, reconditioned, and unsafe food           |    |     |     |     |     |
| <b>Potentially Hazardous Food (TCS Food)</b>  |    |     |     |     |     |
| 16  | IN | OUT | N/A | N/O | 6   |
| Proper cooking time and temperatures  |    |     |     |     |     |
| 17  | IN | OUT | N/A | N/O | 6   |
| Proper reheating procedures for hot holding   |    |     |     |     |     |
| 18  | IN | OUT | N/A | N/O | 6   |
| Proper cooling time and temperature   |    |     |     |     |     |
| 19  | IN | OUT | N/A | N/O | 6   |
| Proper hot holding temperatures   |    |     |     |     |     |
| 20  | IN | OUT | N/A |     | 6   |
| Proper cold holding temperatures  |    |     |     |     |     |
| 21  | IN | OUT | N/A | N/O | 6   |
| Proper date marking and disposition   |    |     |     |     |     |
| <b>Consumer Advisory</b>  |    |     |     |     |     |
| 22  | IN | OUT | N/A |     | 6   |
| Consumer Advisory provided for raw or undercooked foods                                     |    |     |     |     |     |
| <b>Highly Susceptible Populations</b>   |    |     |     |     |     |
| 23  | IN | OUT | N/A |     | 6   |
| Pasteurized Foods used; prohibited foods not offered  |    |     |     |     |     |
| <b>Chemical</b>   |    |     |     |     |     |
| 24  | IN | OUT | N/A |     | 6   |
| Food additives: approved and properly used  |    |     |     |     |     |
| 25  | IN | OUT |     |     | 6   |
| Toxic substances properly identified, stored, used  |    |     |     |     |     |
| <b>Conformance with Approved Procedures</b>   |    |     |     |     |     |
| 26  | IN | OUT | N/A |     | 6   |
| Compliance with variance, specialized process, and HACCP plan                               |    |     |     |     |     |

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

**GOOD RETAIL PRACTICES**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: If numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

| Compliance Status                       |   |   | COS | R | PTS |
|---|---|---|-----|---|-----|
| <b>Safe Food and Water</b>              |   |   |     |   |     |
| 27                                      |   | Pasteurized eggs used where required  |     |   | 1   |
| 28                                      |   | Water and ice from approved source  |     |   | 2   |
| 29                                      |   | Variance obtained for specialized processing methods                                  |     |   | 1   |
| <b>Food Temperature Control</b>         |   |   |     |   |     |
| 30                                      |   | Proper cooling methods used; adequate equipment for temperature control               |     |   | 1   |
| 31                                      |   | Plant food properly cooked for hot holding  |     |   | 1   |
| 32                                      |   | Approved thawing methods used   |     |   | 1   |
| 33                                      |   | Thermometer provided and accurate   |     |   | 1   |
| <b>Food Identification</b>              |   |   |     |   |     |
| 34                                      |   | Food properly labeled; original container   |     |   | 1   |
| <b>Prevention of Food Contamination</b> |   |   |     |   |     |
| 35                                      |   | Insects, rodents, and animals not present   |     |   | 2   |
| 36                                      |   | Contamination prevented during food preparation, storage & display                    |     |   | 1   |
| 37                                      |   | Personal cleanliness  |     |   | 1   |
| 38                                      |   | Wiping cloths: properly used and stored   |     |   | 1   |
| 39                                      |   | Washing fruits and vegetables   |     |   | 1   |
| <b>Proper Use of Utensils</b>           |   |   |     |   |     |
| 40                                      |   | In-use utensils: properly stored  |     |   | 1   |
| 41                                      |   | Utensils, equipment and linens: properly stored, dried, handled                       |     |   | 1   |
| 42                                      |   | Single-use/single-service articles: properly stored, used                             |     |   | 1   |
| 43                                      |   | Gloves used properly  |     |   | 1   |
| <b>Utensils, Equipment and Vending</b>  |   |   |     |   |     |
| 44                                      |   | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |     |   | 1   |
| 45                                      |   | Warewashing facilities: installed, maintained, used, test strips                      |     |   | 1   |
| 46                                      |   | Nonfood-contact surfaces clean  |     |   | 1   |
| <b>Physical Facilities</b>              |   |   |     |   |     |
| 47                                      |   | Hot & cold water available, adequate pressure   |     |   | 2   |
| 48                                      |   | Plumbing installed; proper backflow devices   |     |   | 2   |
| 49                                      |   | Sewage and wastewater properly disposed   |     |   | 2   |
| 50                                      |   | Toilet facilities: properly constructed, supplied, & cleaned                          |     |   | 2   |
| 51                                      |   | Garbage/refuse properly disposed; facilities maintained                               |     |   | 2   |
| 52                                      | X | Physical facilities installed, maintained, and clean                                  |     |   | 1   |
| 53                                      | X | Adequate ventilation and lighting; designated areas use                               |     |   | 1   |

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

|  |                                |
|--|--------------------------------|
| Person in Charge (Print and Sign)        | Date:                          |
| Billy Dela Cruz / B Dela Cruz            | 9/26/17                        |
| DEH Inspector (Print and Sign)           | Follow-up (Circle one): YES NO |
| James Carr RPH01 / Derlen Mitchell RPH01 | Follow-up Date: 10/6/17        |

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|   |   |   |
|---|---|---|
| ESTABLISHMENT NAME<br><b>BASIL FOOD SERVICE</b> |   | LOCATION (Address)<br><b>LOT 1454-1-2 NEW 1239-7-1<br/>WEST O'BRIEN DRIVE HAGATNA</b> |
| INSPECTION DATE<br><b>9/26/17</b>               | SANITARY PERMIT NO.<br><b>170001742</b> | PERMIT HOLDER<br><b>BASIL FOOD INDUSTRIAL SERVICES CORP</b>                           |

## TEMPERATURE OBSERVATIONS

| Item/Location         | Temperature (° F) | Item/Location | Temperature (° F) |
|-----------------------|-------------------|---------------|-------------------|
| CHICKEN / COOKED      | 202.0             |               |                   |
| RAW EGGS / CHILLER    | 41.0              |               |                   |
| RAW CHICKEN / CHILLER | 31.5              |               |                   |
| RAW PORK / "          | 40.0              |               |                   |
| RAW GROUND BEEF / "   | 32.5              |               |                   |
| TOMATO SAUCE / COOKED | 164.0             |               |                   |
|                       |                   |               |                   |
|                       |                   |               |                   |
|                       |                   |               |                   |
|                       |                   |               |                   |

| ITEM NO. | OBSERVATIONS AND CORRECTIVE ACTIONS | CORRECT BY DATE |
|----------|-------------------------------------|-----------------|
|----------|-------------------------------------|-----------------|

Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

|     |   |          |
|-----|---|----------|
|     | A REGULAR INSPECTION WAS CONDUCTED. PREVIOUS INSPECTION CONDUCTED ON 6/28/17 (5/A).   |          |
|     | THE FOLLOWING WAS OBSERVED:   |          |
| #6  | EMPLOYEES NOT WASHING HANDS IN BETWEEN CHANGING TASKS/GLOVES.<br>EMPLOYEES SHALL WASH HANDS PROPERLY WHEN CHANGING TASKS/GLOVES TO PREVENT CROSS-CONTAMINATION.   | 10/6/17  |
| #52 | FLOORS THROUGHOUT FACILITY STAINED AND PAINT PEELING.<br>ALL PHYSICAL FACILITIES SHALL BE MAINTAINED AND CLEAN TO PREVENT BACTERIAL GROWTH.   | 10/24/17 |
| #53 | LIGHTS IN WALK-IN CHILLER IN DISREPAIR. <del>VEN</del> INADEQUATE VENTILATION IN COOKING AREA.<br>ADEQUATE LIGHTING SHALL BE PROVIDED TO PROMOTE PROPER VISIBILITY.<br>ADEQUATE VENTILATION SHALL BE PROVIDED TO PREVENT GREASE BUILDUP WHEN COOKING. |          |

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in further regulatory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated correction date.

|  |                         |
|--|-------------------------|
| Person in Charge (Print and Sign)<br><b>Betty Delacruz / [Signature]</b> | Date:<br><b>9/26/17</b> |
| DEH Inspector (Print and Sign)<br><b>James Cruz EPH01 [Signature]</b>    | Date:<br><b>9/26/17</b> |
| <b>Derek Mitchell EPH011 [Signature]</b>                                 |                         |

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|  |                                  |   |
|--|----------------------------------|---|
| ESTABLISHMENT NAME<br>BASIL FOOD SERVICE |                                  | LOCATION (Address) LOT 1454-1-2 NEW 1239-7-1<br>WEST MARINE CORPS O'BRIEN DRIVE MALINTA |
| INSPECTION DATE<br>9, 26, 17             | SANITARY PERMIT NO.<br>120001742 | PERMIT HOLDER<br>BASIL FOOD INDUSTRIAL SERVICES CORP.                                   |

| ITEM NO. | OBSERVATIONS AND CORRECTIVE ACTIONS | CORRECT BY DATE |
|----------|-------------------------------------|-----------------|
|----------|-------------------------------------|-----------------|

**Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.**

[illegible]

Person In Charge (Print and Sign)

DEH Inspector (Print and Sign)

Date: 9/26/17

DEH Inspector (Print and Sign)

Date: 9/26/11

**White: DPHSS/DEH      Yellow: Food Establishment**